

## IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

In re Application of: )  
 Todd A. Wolford, et al. )  
 Serial No.: 10/659,812 ) Group: 3733  
 Filed: September 11, 2003 )  
 Title: ORTHOPAEDIC REAMER DRIVER )  
 FOR MINIMALLY INVASIVE SURGERY ) Examiner: J. Swiger III

AMENDMENT TRANSMITTAL SHEET

MS AF  
 Commissioner for Patents  
 P.O. Box 1450  
 Alexandria, VA 22313-1450

Sir:

Transmitted herewith is an amendment in the above-identified application.

The fee has been calculated as follows:

| CLAIMS AS AMENDED                       |   |       |                                       |                  |                    |                   |
|---|---|-------|---------------------------------------|------------------|--------------------|-------------------|
|   | CLAIMS<br>REMAINING<br>AFTER<br>AMENDMENT |       | HIGHEST NO.<br>PREVIOUSLY<br>PAID FOR | PRESENT<br>EXTRA | RATE               | ADDITIONAL<br>FEE |
| TOTAL<br>CLAIMS                         | 13  | MINUS | 25                                    | 0                | x \$25<br>x \$50   | 0.00              |
| INDEPENDENT<br>CLAIMS                   | 2   | MINUS | 4                                     | 0                | x \$100<br>x \$200 | 0.00              |
|   | FEE FOR MULTIPLE CLAIMS \$130/\$260       |       |                                       |                  |                    |                   |
| TOTAL ADDITIONAL FEE FOR THIS AMENDMENT |   |       |                                       |                  |                    | \$0.00            |

- [ ] A check in the amount of \$ 0.00 is enclosed to cover the additional fees. (Check)  
 [ ] A check in the amount of \$ \_ to cover the Extension fee for response within the ( ) month is enclosed.  
 [ ] Applicants authorize the additional fees in the amount of \$ \_ be charged to Deposit Account No. 20-0095,  
 TAYLOR & AUST, P.C.

Respectfully submitted,

/Kelly R. Bailey/

Kelly R. Bailey  
 Attorney for Applicant

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